

STATE OF NEBRASKA  
 Department of Health and Human Services - Regulation & Licensure  
 Credentialing Division  
 PO Box 94986  
 Lincoln, NE 68509-4986

**APPLICATION FOR TEMPORARY LICENSE AS A HEARING AID INSTRUMENT DISPENSER & FITTER**
**SECTION A - Personal Information** (All applicants must complete this section.)

1	Name	Last:	First:	Middle/Maiden:				
2	Permanent Address	Street/PO/Route:						
		City:	State:	Zip:				
3	Home Phone (Optional)							
4	Date of Birth	Age:	SSN					
<b>(Attach proof of age: i.e., certified copy of birth certificate, notarized copy of driver's license.)</b>								
5	Place of Birth	City/County/State:						
6	MORAL CHARACTER:							
	Have you ever been convicted of a misdemeanor or felony, except a minor traffic violation?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No							
<input type="checkbox"/>	<input type="checkbox"/>							
	If yes, state what crime, date of conviction, name, location of court (City/County/State):							
	Crime	Date of Conviction	Location of Court					
	<b>** If you answered YES to the above question, you must request the following documents be sent directly to this office:</b> <ul style="list-style-type: none"> <li>• Official Court Record, which includes charges and disposition</li> <li>• If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required)</li> <li>• If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status</li> <li>• A letter from you explaining the circumstances surrounding the conviction(s)</li> </ul>							
7	Has your license in any health care profession in another state been disciplined, suspended, limited or disciplined in any manner?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No							
<input type="checkbox"/>	<input type="checkbox"/>							
	<b>** If you answered YES to the above question, you must request the following documents be sent directly to this office:</b> <ul style="list-style-type: none"> <li>• An official copy of the disciplinary action, including charges and disposition</li> </ul>							
8	Have you actively practiced in Nebraska as a Hearing Aid Instrument Dispenser and Fitter prior to licensure?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No							
<input type="checkbox"/>	<input type="checkbox"/>							
	<b>** If yes, how many days have you practiced in Nebraska as a Hearing Aid Instrument Dispenser and Fitter prior to licensure?</b>							
9	Are you licensed or certified in another state?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No							
<input type="checkbox"/>	<input type="checkbox"/>							

**TEMPORARY LICENSURE FEE \$50.00**

<b>SECTION B - Education</b> - (All applicants must complete this section.)				
Name of High School				
Location	Street/PO/Route:			
	City:		State:	Zip:
Diploma	Yes	No	Year of Graduation	
	<input type="checkbox"/>	<input type="checkbox"/>		
GED Certificate	Yes	No	Issued by:	Date:
	<input type="checkbox"/>	<input type="checkbox"/>		

**PLEASE SUBMIT AN OFFICIAL COPY OF YOUR HIGH SCHOOL DIPLOMA, TRANSCRIPT, OR GED CERTIFICATE.**

<b>SECTION C - Statement of Good Health:</b> All applicants must have a physician complete and submit the "Statement of Good Health" to the <u>Credentialing Division</u> . (Attachment B2)
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<b>SECTION D - Supervisor Information</b> (Supervisor must complete this section.)				
1	Name:	Licensed hearing Aid Instrument Dispenser and Fitter:		
2	Nebraska License Number:			
3	Name of Business			
4	Business Address	Street/PO/Route:		
		City:	State:	Zip:
5	Business Telephone (Optional)			
	Signature of Supervisor:			

<b>SECTION E - Certification</b> (All applicants must complete this section.)
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I, \_\_\_\_\_, hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF NEBRASKA  
Department of Health and Human Services  
Regulation & Licensure  
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**STATEMENT OF GOOD HEALTH HEARING AID INSTRUMENT DISPENSERS AND FITTERS**

To the Department of Health and Human Services, State of Nebraska:

I hereby certify that I have this day examined \_\_\_\_\_  
(Name of applicant)

of \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

and have found him/her to be free from infectious or contagious disease.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Name of Medical Doctor (Please Print)

\_\_\_\_\_  
Signature of Medical Doctor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**STATE OF NEBRASKA**  
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**Attachment P**  
Rev. 01/06

**HEARING AID INSTRUMENT DISPENSERS AND FITTERS  
AFFIDAVIT OF INITIAL TRAINING CONFERENCES**

<b>SECTION A</b>			
Please complete the information on the temporary licensee			
Name:	First:	Middle:	Last:
Address:	Street/PO/Route:		
	City:	State:	Zip:
Temporary License No.		Issue Date:	
Social Security Number			

<b>SECTION B Record of Supervisory Conferences</b>	
The Supervisor must meet with the temporary licensee face to face twice a month during the first 90 days of the training session, which will commence upon the issuance of the temporary license. Record the dates that each training area is covered.	
<b><u>Name of Training</u></b>	<b><u>Date(s) of training</u></b> (you may put several dates on one line)
Basic physics of sound	
The function of hearing aids	
Pure tone audiometry (Including air & bone conduction testing)	
Recording and evaluation of audiograms and speech Audiometry	
The anatomy and physiology of the ear	
Masking	
Taking earmold impressions	
Live voice or recorded voice speech audiometry	

<b>SECTION C (Please sign and file when the 90 day initial training period is completed)</b>
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I certify that I am a Nebraska licensed Hearing Aid Instrument Dispenser and Fitter and that the foregoing Record of initial training took place on the dates indicated above and that the training was in accordance with the Nebraska Statutes as they relate to Hearing Aid Instrument Dispensers and Fitters in the State of Nebraska.

Name of Supervisor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE SEND A COPY OF THE COMPLETED FORM TO THE ADDRESS ABOVE**